## TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

Attorney Docket No.	37991-0001	<u>و</u>
Customer Number	24,961	316
First Named Inventor	Georges RAWADI et al.	± 202
Express Mail Label #	EV 335467176 US	264 10/
Date of Mailing	September 19, 2003	22

			Date of Mailing		September 19, 2003	22			
Application Elements		Accompanying Application Papers							
1. [X] Fee Transmittal Form		6.[]							
2. [X]	Specification and Abstract	n containing <u>20</u> pages (including claims t).		7. [X] 8. [ ]		ntity Status is claimed.  nary Amendment			
a.		C-3B INHIBITORS IN THE TR BONE-RELATED DISEASES		9. [X]	[X] Return Receipt Postcard				
b.	Number of c	laims: <u>15</u>							
3. [X]	6 sheets of	drawings with <u>6</u> Figures (1-	6D)				i i		
4.[]	Declaration			Ī					
5.[]	Sequence Li	sting							
[]	Paper copy (	identical to computer copy)							
[]	Computer re	adable copy		;					
[ ] Verified statement			1						
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		HELLE	REMRIN	AN WHITE & MCAULIF	FELLP				
			:		anie Seid tration N	dman umber: 33,779			
[ ] Benefit of priority under 35 U.S.C. §119(e) is claimed.									
CORRESPONDENCE ADDRESS									
Customer No. 26,633									
Name	Name Patricia D. Granados Registration No. 33,683								
	HELLER EHRMAN WHITE & MCAULIFFE LLP								
Addre	Address 1666 K Street, N.W., Suite 300, Washington, DC 20006								
	Telephone: (202) 912-2000			Facsimile: (202) 912-2020					

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53
APPLICATION UNDER
37 C.F.R. §1.53

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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee				\$_750.00
b)	Independent Claims	<u>3</u> - 3 = <u>0</u>	x \$ 84.00	=	\$0.00
c)	Total Claims	<u> 15 - 20 = 0</u>	x \$ 18.00	=	\$0.00
d)	Fee for Multiple Deper	ndent Claims -	\$280.00		\$ 280.00
•			TOTAL F	II ING FEE	\$1030.00

[X] Status as Small Entity is claimed reducing Fee by one-half to

\$515.00

- [X] A check in the amount of \$515.00 to cover the fee for filing the application.
- [] Charge \$ .00 to Deposit Account No. 08-1641
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS						
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	Registration No. 33,683					
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i	Telephone: (202) 912-2000 Facsin			nile: (202) 912-2020		
Submitted by:						
Typed or printed name	Stephanie Seidman			Reg. Number	33,779	
Signature	Date 09/19/2003 Deposit Account 08-1641					

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CORRESPONDENCE A				ADDRE	SS	
Custo	Customer No. 26,633					
Name	Patricia D. Granados					
	Registration No. 33,683					
	HELLER EHRMAN WHITE & MCAULIFFE LLP					
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